Reviewer_____   Permit #___**06S126 P5**_____

Date ____   Company_____

           Well # _____

           Location: ____/4; Sec ___, T ___N, R ___E; _____ F __ L, _____ F _

_ L

TECHNICAL REVIEW

Type of Injection Well: [EOR/SWD/ HC Storage] [New/Conversion] [Active/Inactive]

Injection: [Continuous/Cyclic]

      Approximate # Days operating/year _____

_____

      Rate (B/D): Average _____   Maximum _____

_____

      Wellhead Pressure (psi): Average _____ Maximum _____

_____

      Fluid: TDS _____   SP.GR. _____   Analysis Included:
[Yes/No]

      Source (Formation Name): _____

_____

Geologic Data (All references to depths are below land surface)

      Base of Historical Usable Water: _____

_____

      Base of USDW and How Determined: _____

_____

      Injection Interval: Top _____   Bottom _____   Effective Thickness __

____

        Formation Name _____   Lithology _____

_____

      Porosity (%) _____ Initial Reservoir Pressure _____   Date _____

____

      Permeability (md) _____
Confining Zones: Thickness between injection zone & USDW _____
        Lithology _____

_____

        Cumulative Shale _____   Thickest Shale Zone _____

(Interval)

Well Data: (All references to depths are below land surface)

      Surface Elevation _____ (KB/GL)   Total Depth _____

_____

      Date Drilled or to be Drilled _____   Plugged Back Depth _____

____

                                          Date Converted _____

__

      Type Logs Available(this well/offset well): (By reference/included) _____

____

                          _____

_____

      Test Data (By reference/included) _____

_____

Construction:	Size (In.)	Depth Interval	Sacks of Cement	Hole Size	Cement Interval	How Determined
Surface Csg.	_____	_____	_____	_____	_____	_____

Intermediate Csg. _____ _____ _____ _____ _____

Long String Csg. _____ _____ _____ _____ _____

Liner Csg. _____ _____ _____ _____ _____

Tubing _____ _____ Packer type & depth _____

ft^3/   # of   Total ft^3 Lin

ft / ft^3 Lin. ft.

Type Cement = ___Sx.___ X ___Sx.___ of Cement X _from tables_ = of

Cement

Area of Review (AOR) (1/4 mile - Osage; ½ mile - O.I.L.)

    Map Submitted: (Yes/No)   Tabulation of Wells Submitted: (Yes/No)

    Faults Located: (Yes/No); (None Present/Distance from injection well _____)

    Number of Wells in AOR: Abandoned_____ Production _____ SWD _____

EOR _____

    Number of Wells in Zone of Endangering Influence _____

    Number of Wells Requiring Corrective Action: SWD _____ EOR _____

   Well   _Well Type_   _____Problem_____   _Corrective Action_

Required

Maximum Injection Pressure Calculation: Pm=(Frac Gradient - (.433 X SP.GR.)) X Depth

    Pm = (.75 - (.433 X _____)) X _____ = _____

  (Psi)